

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90915 036 ***150.00

DOCUMENT # L06266

1. Entity Name

STANHAUSER, INC.

Principal Place of Business

Mailing Address

% STEVEN D. HAUSER
 1180 HAVENDALE BLVD
 WINTER HAVEN FL 33881-1382

% STEVEN D. HAUSER
 1180 HAVENDALE BLVD
 WINTER HAVEN FL 33881-1360

2. Principal Place of Business

3. Mailing Address

STEVEN D. HAUSER

Suite, Apt. #, etc.
1327 ARROWHEAD CT.

Suite, Apt. #, etc.

City & State
AUBURNDALE, FL.

City & State

Zip Country

Zip Country
33823 USA

4. FEI Number **65-0139731**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAUSER, STEVEN D.
1180 HAVENDALE BLVD
WINTER HAVEN FL 33880

Name **STEVEN D. HAUSER**
 Street Address (P.O. Box Number is Not Acceptable)
1327 ARROWHEAD CT.
 City **AUBURNDALE** FL Zip Code **33823**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------------|--------------------------|--------------------------|----------------------|---------------------------------|
| CPTS | HAUSER, STEVEN D. | 1327 ARROWHEAD CT | AUBURNDALE FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------------|----------------------------|---------------------------|-----------------------------|-------------------------------------|-----------------------------------|
| | CPT | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| VP S | PATRICIA A. WHITLEY | 1325 ARROWHEAD CT. | AUBURNDALE, FL 33823 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia A. Whitley
PATRICIA A. WHITLEY
 VP/Sec.

4/27/2000 **867-967-6745**
 Date Daytime Phone #

CR2E034 (9/99)